



SENATOR WAYNE ALLARD COLORADO Internship Application

Personal Information:

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

Education:

COLLEGE CURRENTLY ATTENDING _____

GRADUATION DATE _____ MAJOR _____

G.P.A. _____ MINOR _____

HIGH SCHOOL NAME _____

Honors, Activities, and Experiences:

(attach additional pages if necessary)

ADDRESS _____

SCHOLARSHIPS/ACHIEVEMENTS _____

EXTRACURRICULAR ACTIVITIES _____

EDUCATIONAL PLANS (I.E. GRADUATE SCHOOL, ETC.) _____

CAREER OBJECTIVES _____

RELATED POLITICAL EXPERIENCE _____

WORK EXPERIENCE _____

I promise that all of the above information is true and accurate, and I understand that all of my application materials become the property of the office of U.S. Senator Wayne Allard.

SIGNATURE _____

DATE _____